

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. 239405US2S	
	First Inventor or Application Identifier	Masaharu WADA
	Title	POWER-ON DETECTOR, AND POWER-ON RESET CIRCUIT USING THE SAME
Assignee Name:		1472 U.S. PTO 10/601623 06/24/03
Assignee Address:		

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>	<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification Total Sheets <input type="text" value="32"/> 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <input type="text" value="4"/> 4. <input type="checkbox"/> Oath or Declaration Total Pages <input type="text"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program ( <i>Appendix</i> ) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (3) 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <small>(if foreign priority is claimed)</small> 15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 16. <input checked="" type="checkbox"/> Other: Statement of Relevancy, Request for Priority

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)

of application Serial No. Filed on

☐ Which was published in English

☐ Which was not published in English

☐ This application claims priority of provisional application Serial No. Filed

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06/24/03

18334 U.S. Patent No.

239405US2S

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Masaharu WADA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: POWER-ON DETECTOR, AND POWER-ON RESET CIRCUIT USING THE SAME

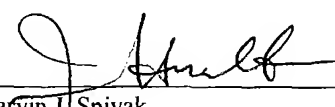
## FEE TRANSMITTAL

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FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	21 - 20 =	1	x \$18 =	\$18.00
INDEPENDENT CLAIMS	2 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
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BASIC FEE				\$750.00
TOTAL OF ABOVE CALCULATIONS				\$898.00
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- ☐ Please charge Deposit Account No. 15-0030 in the amount of \_\_\_\_\_ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of **\$898.00** to cover the filing fee is enclosed.
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Respectfully Submitted,

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